

only fifty feet away will surely contaminate the water. When three families in a section, living in unscreened houses have eleven cases of typhoid fever and neighbors in dwellings screened from flies escape, there is necessarily an application of the fly facts taught by the sanitary officer.

I believe the best means of getting rid of syphilis or any similar disease is to educate the people by energetic, practical work daily. Vigilance in the control of bad practices, activity in the practical things pertaining to home life, enforcement of every health ordinance and regulation, are means which spread the gospel of cleanliness and health.

Our statute books are full of monuments built by the law-makers; our ordinances tombstones raised by members of the city council. We are satisfied to know we had the sense to send such intelligent men to the Legislature to make these laws and to elect as aldermen citizens who know enough to pass the anti-spitting ordinance. But enforcement is another question. No one expects the sanitary code to be enforced. It is too much trouble. It causes confusion in the political order. Civic responsibility is in the embryonic stage; the notion of health rights is just dawning; the value of the physical body as a life asset is beginning to permeate. To hasten the acceptance of these ideas and to make them concrete in social and individual demands is largely within the power of the health officer and benevolently active physician. No other member of society is so privileged.

To sum up, the hygiene of syphilis is the same as the hygiene of other contagious diseases; from its nature, specific work should be done to enlighten every one as to its origin and to correct the false notion that it is contracted only in one way.

As the prostitute is an agency in the spread of infection, legislation pertaining to sex commerce should be humane, but drastic and the local administration held responsible for rigid enforcement. Boys and men should be in-

structed in means of prevention and urged to avail themselves of the immunity resulting from effective use of these measures.

The principles of sex hygiene should be taught as other subjects are, simply and from the point of view of training for environment.

The vicious policy of regarding these subjects as unmentionable should be condemned and authorities, municipal and health alike, should unite to make effective educational measures for the control of vice diseases.

It is possible to conceive of a campaign so planned and executed that syphilis could be conquered, and in a comparatively brief period. Treatment, prevention, isolation, use of anti-septics, a rigid system of reporting, and supervision, would do the work.

Even to approximate this would be worth all the effort and money involved because of the blessings to humanity that would result.

DISCUSSION OF THE SYMPOSIUM ON SYPHILIS.

PAPERS OF DRS. DYER, HALSEY, DOWLING, SMITH, ROY,
MARTIN, HEGGIE, AND LITTERER.

Dr. Robert Carroll, Asheville, N. C.—In years gone by it was said that in order to be a neurologist, all you had to do was to give iodid of potash and mercury, but the condition has changed now, and in order to treat nervous conditions you must have something besides iodid of potash and mercury. In these days in which the pendulum has swung so strongly to the psychic of the treatment, it is a great comfort to the neurologist to have a definite diagnosis which comes with the Wassermann reaction. I am speaking in reference to a rather unusual case which came under my observation this summer. The patient was a young man, living in New York, who for six years had been treated as a hysteric, and who finally developed a slight tuberculosis and was sent to New Mexico, where he remained two years, returned from New Mexico with a diagnosis of Meniere's disease and epilepsy, and was taking morphine, iodide of potassium and bromide of potash in large doses. After eight years of treatment in the hands of various men a Wassermann reaction proved that this man was suffering from a gumma, which by proper elimination was proven to be on the pontino-cerebral angle, involving the acoustic branch of the seventh nerve, and under treatment he improved wonderfully. Next week Dr. Cushing will open the head and get out what is left of the gumma. That boy was pronounced a hysteric, as you all know so many cerebral tumors have hysteric element. But thanks to the Wassermann reaction he is going

to be saved. In the face of the old statement of iodid of potassium, this boy was neglected, even though he had excellent treatment on account of the peculiar hysteric element, and ten years ago would have been neglected, but today the psychic influence, due to our fair Christian Science friends, will get ahead of us, and we are apt to mistreat cases psychically that are really organic.

Dr. Fred J. Mayer, Opelousas, La.—Before getting on the subject of treatment, I think we ought to take up the discussion of the prevention of syphilis. I merely wish to accentuate a point brought out by Dr. Dowling relative to the necessity for public instruction. I fear that in the past the medical profession, especially of the South, has not done its full duty in this regard. I must confess, I fail to understand that frame of mind that believes in rag-time music and slang, that wears all sorts of ridiculous garments, that believes in horrible cigarettes, that feeds its erotic taste with yellow journalism in the line of the Thaw trial, that likes to witness oriental dances, and goes to an evening function in evening dress that is suitable for Eve, and yet balks at a public discussion on sexual hygiene. I believe that the most important progressive movement of the time in preventive medicine was made manifest at that great Congress of Hygiene at Washington the other day, where the subject of sexual hygiene was discussed in a mixed audience. The magnificent womanhood of our country sat there and listened without a blush to the discussions of these important matters upon which and the proper solutions of which rests the integrity of the state. When we remember that 50,000 young girls join the oldest profession on earth every year in the United States; when we remember the statement made at that Congress that not a local case entered the hospitals at Philadelphia in many years but what gave evidence of syphilitic infection; when we remember, as was pointed out by one of the essayists, that from these people are drawn our servants and cooks and, our nurses, especially in the Southland, I think that we have reached the stage where public discussion, both before this association and through the influence of this association in various countries and states of the South, ought to be more frequent than it is at present, and for that purpose, or at some future time, if not out of order, I purpose introducing a resolution to create a sub-section of the section on preventive medicine and hygiene, to be known as the Sub-section on Sexual Hygiene and Oral Hygiene in order to insure at least one paper on these two subjects at our regular annual meeting.

Dr. Edgar E. Ballinger, Atlanta, Ga.—Dr. Litterer has shown us here a lesson that should be carried home very forcibly to us all, and that is in giving salvarsan and neosalvarsan, a single injection cannot be relied on to effect a cure. The fact was impressed upon me forcibly by the history of the first patient I so treated with this remedy, since which time I have insisted on more treatments always. We must not treat any one patient to get the best results, but treat everybody in such a manner so as to try and effect a thorough cure in the greatest number possible. Neosalvarsan enables us to repeat the treatment with great impunity. In fact, the danger seems to come when we do not repeat it.

With regard to labyrinthine disease, the eye and nose troubles, we have heard from Dr. Roy and from

Dr. Martin that it is unnecessary to give a large number of injections, but two injections given at intervals not too far apart will be followed by gratifying results in some cases. We can conceive a patient getting an indefinite number of injections and never cured if we allow a relapse to occur before we give further treatment. It is like walking upstairs, if we tumble down half the way, it may be we will never reach the top. We must hold firmly and climb steadily. It has been said that the intravenous method is preferable to other methods of giving salvarsan. It is better to supplement it in some cases with mercurial treatment. It is certainly better, I think, for the simple reason that it can be repeated, and you do not have these masses of undissolved medicine to undergo some change and prevent further injection. Neosalvarsan, I think, has been shown to be equally as potent or a little more so than salvarsan. It is certainly vastly better when we consider the slight discomfort to the patient. I have given so far 1,000 injections of salvarsan and neosalvarsan, nearly all intravenously. I cannot recall a single relapse. My method at present, (and I have modified it from time to time) is to give one intravenous injection of neosalvarsan every week until four injections have been given. I allow a month's interval to pass without salvarsan, using perhaps inunctions of mercury or salicylate of mercury intramuscularly. Then I give another injection of the neosalvarsan every two weeks until three injections are given. At the end of a month I give another injection and have a blood test made eighteen hours or twenty-four hours after the injection. When things are stirred up, when the products are circulated through the blood, we wish to have it shown up by the blood test. In that way, we will effect a more thorough cure, get more lasting results, and not have the negative reactions dwindle down later if we do not follow these treatments by subsequent injections. We have given something like 800 injections without making a single incision to dissect out or expose the vein. We have evolved several methods by which the needle may be accurately inserted into the lumen of the vein, so that all medicine goes into the vein and not around it. The best way for a man without much experience is to take a stiletto and push it into the skin over the vein, pull it aside, and make a hole in there two or three times the diameter of the needle. It slips back in place. You have the vein below this point, you insert the needle straight down under the anterior wall of the vein, and with the vein well distended push the needle along parallel with the vein. In that manner, I think we can with experience get the needle into the vein without incision every time. It is important to make the insertion accurately, and the incision is a matter to be carefully borne in mind, for the simple reason that we must repeat these injections to get the greatest good. We have a remedy in salvarsan and neosalvarsan. It is true, it has been much misused, and will continue to be much misused, because it requires a certain amount of skill. One thing is already apparent, and that is, in the cities where a large number of injections have been given, the number of recently acquired chancres has been greatly reduced. If you will use it properly and promptly, we will soon further greatly reduce them.

Dr. Jere L. Crook, Jackson, Tenn.—I was very much interested in hearing the report by Dr. Bal-

linger, because of the large number of intravenous injections he has given. It seems to me, the greatest advantage we have in the use of salvarsan is in the fact that the technic of administration intramuscularly or intravenously is simple, and the further fact that we have nothing to add except the sterile salt solution. That is a great advantage because there has been difficulty experienced by beginners in the use of the drug in getting the solutions properly neutralized. When you can open a tube with aseptic precautions as regards the site of injection and the instruments which you handle, and add 20 centimeters of salt solution and dissolve it immediately and inject it into the gluteal region, you have a simple method of relieving these patients. No doubt there are a great many patients who will not submit to the intravenous method, or where a patient is nervous and is not a good case to give it to. I have not had the number of cases that Dr. Ballinger has had, but I have had 52. These have been given less since the intravenous use of both neosalvarsan and salvarsan. I think it is a great advantage to use the drug intramuscularly. There is no trouble except the injection causes a slight pain; but the simplicity with which it is dissolved is what impresses one. It is easy. In fact, it makes it too simple because the patient feels as though you have done nothing for him. It is especially advantageous to have neosalvarsan because we have learned that one dose or two doses or three doses are not efficacious, and when we repeat the dose we have a remedy which is such an improvement over salvarsan, that we can give it rapidly and with practically no danger whatever, and that is a great improvement over the other drug.

Dr. C. T. Drennen, Hot Springs, Ark.—In this rose garden of intellectual thought, which has been so beautifully presented to us by the various essayists, I am at a loss in which corner of the garden to turn in order that I may be able to pluck the richest flower.

It occurs to me, that there is an element of danger lying in front of us which it would be well for us to remember. I make that statement in direct connection with the use of salvarsan or neosalvarsan, if you please. First of all, we must learn, sooner or later, that we have not yet arrived at the point where we can specifically save this patient or that patient is cured, no matter how much patients may be treated. It is well for us to remember always that at the present time the tendency in the use of these drugs is likely to lull the patient, who is already susceptible to the belief that he is well, after taking one or two or twenty doses, as the case may be. And it is again well that we do not forget that it is always at some time during the course of the disease in which we find the greatest number of our cases of endarteritis with its accompanying conditions. It is again well to remember that it is always at or about the third year during the course of the disease in which we get our general paralysis of the insane, or locomotor ataxias, and so forth.

I might speak longer, but I do not want to burden you.

Mr. Henry Borst, Pensacola, Fla.—I have an interesting case to bring to your attention that happened in my experience many years ago, and the reason I bring it before you is not to instruct you, but for you to instruct me in regard to the puzzling aspects of the case.

A very healthy young woman, who was a school teacher before her marriage, was acquainted with a young lady with whom she visited and who visited her in school, and in that school there were also children that were sick with sores on the mouth which afterwards turned out to be syphilitic. A young lady of her acquaintance afterwards had a suspicious case, and the school teacher developed a certain amount of suspicious disease at the time she was under my observation. It was about six years before I saw her I got acquainted with her family. After she gave up school teaching she became engaged to a reasonably healthy young man from Tennessee, and I got to know his name very well in that later period, and while he was nervously affected, and while he went through a severe spell of malaria shortly before I became acquainted with him, still he showed no evidences of syphilitic infection from his wife. They had a child born soon after marriage. This child, when I got acquainted with the family, was four years of age and just as healthy a child as you could see anywhere, without any sign of any trouble. This school teacher had been under treatment originally by different men. Some said she had syphilis; others said she had not; some wanted to treat her, and some would not treat her. She was a woman of considerable intelligence. What was she to do? She did not take a full course of treatment as might have been dictated with intelligence. When I got acquainted with the family she was due to have another child. The woman to all appearances was in a perfect state of health and strength, and the child that was born subsequently bled at the navel, developed a suspicious rash, and had the finger nails and toe nails drop off to a considerable extent. I would like to ask any of you what you think of that case. I was then informed when the child acted that way that all the circumstances happened to the lady previously, some six years before, and I immediately placed the baby under the injunction line of treatment, and also gave the mother a course of mixed treatment. The child promptly recovered, the hemorrhage at the navel stopped, and the eruption disappeared in a reasonable time.

In that case, I think we had the condition Dr. Drennen referred to a few minutes ago, namely, the latency of this trouble, and inability on our part to say when and when not a case is cured.

Dr. L. B. Morse, Hendersonville, N. C.—I have no special interest in syphilis insofar as the treatment is concerned, but it does seem to me that this body owes its influence, so far as it can extend it, to the South to do what it can along the line of prophylaxis. I cannot say that I exactly subscribe to the doctrine of recognizing legalized prostitution. It may be it is the best thing. The segregation of women and the regulation of this evil unquestionably would reduce the amount of venereal disease, but it is a very knotty problem and it is going to take a long time to solve it. I rise to speak of something allied to this, and I was in hopes that someone would speak about it.

Something like a year ago a bishop of the Episcopal Church in Chicago brought sufficient influence to bear upon the priests and ministers within his parish to induce them to agree that they would not in a single instance henceforth perform the marriage ceremony upon a couple wherein the man in the contract was unable to supply a bill of sexual good health. I pre-

some many of you are familiar with this fact. To me it was a long step in the right direction. I am thoroughly convinced that if it were possible to bring about sentiment along this line so that men would hesitate about entering the marriage relation unless they were healthy sexually, it would do more probably than anything else we could do toward bringing about a purer state of affairs among men generally throughout the country. So intensely am I interested in this phase of it, I do not believe this body could do anything of greater importance than if we could in some manner memorialize the ministry of the South to take some active steps in this direction.

Dr. C. D. Christ, Orlando, Fla.—To the pure in heart, all things are pure. If we will go home and educate our wives and mothers and sisters, the problem will be materially solved. If we will educate our immediate families, those who depend upon us, in a right way, and look after them, and even look after our patients who are about to enter the marriage relations, the kind of men they are about to marry, we will accomplish a good deal. If we know that a man is infected, we should not allow a patient of ours to marry him, if possible. It probably will cause a great deal of trouble. We may lose some patients, but in the end we will win out. If you went before a congregation of mothers and told them where their boys had been (I am speaking of mothers now), what disease they had contracted in their period of indiscretion, they would very likely mob you. You would be in trouble. But if you go there and tell these women how to keep their boys out of trouble and tell them how to keep the girls out of trouble, tell them never to allow a child to give them the first no, teach them implicit obedience, then you will lessen the number of young women and number of young men that go astray every year. There should be education at home and abroad; there should be education by every one of us of every patient we visit. It is the thing that will go further toward elevating or alleviating this condition than anything else we can do. Gentlemen, as physicians, it is your duty to educate your patients. I believe in telling mothers, in telling fathers about the waywardness of their children. I have told them right straight through; I have lost patients by it, and lost good ones. I have told some of them to get a hickory and give their children a good licking. But, gentlemen, I am not losing out, and I am not going to lose out. We have got to educate and stop the child from saying no from his infancy. When we do that, we will raise children that will be obedient. (Applause.)

Dr. E. H. Pomeroy, Bradentown, Fla.—One feature that was touched upon by one of the speakers, I think, is of very great importance to us, and that is in regard to the restriction of this disease among the negroes. We are dependent upon them in the South for help. They are our cooks and our nurses, and it seems to me that every effort should be made to discontinue the promiscuous cohabitation among the colored people that exists throughout the Southland. There should be some insistence upon attention being paid to the laws regarding marriage; some effort made to see that they are fitted to go into our houses to attend to our food, our children, our clothing, ourselves. (Applause.)

Dr. C. C. Bass, New Orleans.—The chair would direct attention to the point that while experimenting with the artificial cultivation of the spirochetes

or *treponema pallida*, among other things we were interested in avoiding infection in handling a large number of infected animals in the laboratory, and we made some experiments to determine what antiseptics we could use and what method would sterilize the spirochetes in the event we got our hands infected. We were greatly surprised, but thoroughly convinced that simply washing our hands in water or exposing them to ordinary plain water is destructive to the spirochetes in one-half of one minute. The *treponema pallida* cannot live after one-half of one minute exposure to ordinary water.

Dr. William Litterer, Nashville (closing the discussion)—From a serological standpoint, I think the combined treatment of mercury and salvarsan is absolutely indicated. There are undoubtedly cases in which the spirochetes are refractory to mercury, and there is no doubt there are cases where the spirochetes are refractory to salvarsan, and this I have been able to demonstrate on a number of occasions. There are some cases in which, as a result of five or six intravenous injections, I have not been able to obliterate the Wassermann reaction, yet a combination of the two would be sufficient to obliterate them. I could say the same thing with reference to mercury in some cases.

I wish to report a unique case showing how the spirochetes are affected by the use of salvarsan. I do not know whether other similar cases have come under the observation of any of you or not. This individual had contracted syphilis, and a chancre appeared twenty-one days after suspicious intercourse, the party having had syphilis as shown by the Wassermann reaction. The chancre did not appear until twenty-one days after intercourse, demonstrating beyond doubt that we had here the spirocheta pallida; excision of the chancre was then made, and the spirochetes were demonstrated by the Levaditi stain. In this case I injected intravenously six-tenths of a gramme of salvarsan, and four days later injected intravenously six-tenths, and within a week after that six-tenths intramuscularly. I made repeated examinations of the patient and negative Wassermann's appeared all along. Ten months later, in nineteen days after a suspicious intercourse, this individual developed another chancre, and I waited until he developed secondaries and the Wassermann reaction appeared. The spirochetes were demonstrated. The Wassermann reaction appeared and the spirochetes were demonstrated in the lesion, and salvarsan caused the disappearance of the chancre, and the patient is getting well. That, to my mind, is a very unique case.

BOOK REVIEWS

The Practitioner's Visiting List for 1913 lies on the reviewer's desk. It is one that appeals to those who prefer simplicity in their account books, being ruled for the daily record of visits in one part and for general memoranda, special memoranda, etc., elsewhere. It is neatly and substantially bound. Messrs. Lea & Febiger, Philadelphia and New York, Publishers.

The Journal acknowledges the receipt of the Medical Record Visiting List, for 1913, published by William Wood & Co., New York.

It is an old and valued friend to thousands of physicians everywhere, neatly and substantially constructed for the permanent preservation of professional accounts.